

Applicant Drug Testing Acknowledgment

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR part 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not had a positive result on a pre employment drug test in the past two years.

Signature of Applicant

Witness

Date

Date